

110TH CONGRESS  
2D SESSION

# S. 2162

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## AN ACT

To improve the treatment and services provided by the Department of Veterans Affairs to veterans with post-traumatic stress disorder and substance use disorders, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

5 (b) TABLE OF CONTENTS.—The table of contents for  
6 this Act is as follows:

TITLE I—HEALTH CARE MATTERS

TITLE II—PAIN CARE

TITLE III—SUBSTANCE USE DISORDERS AND MENTAL HEALTH CARE

## TITLE IV—MENTAL HEALTH ACCESSIBILITY ENHANCEMENTS

TITLE V—MENTAL HEALTH RESEARCH

## TITLE VI—ASSISTANCE FOR FAMILIES OF VETERANS

- Sec. 601. Clarification of authority of Secretary of Veterans Affairs to provide mental health services to families of veterans.
- Sec. 602. Pilot program on provision of readjustment and transition assistance to veterans and their families in cooperation with Vet Centers.

#### TITLE VII—HOMELESS VETERANS MATTERS

- Sec. 701. Repeal of authority for adjustments to per diem payments to homeless veterans service centers for receipt of other sources of income.
- Sec. 702. Expansion and extension of authority for program of referral and counseling services for at-risk veterans transitioning from certain institutions.
- Sec. 703. Availability of grant funds to service centers for personnel.
- Sec. 704. Permanent authority for domiciliary services for homeless veterans and enhancement of capacity of domiciliary care programs for female veterans.
- Sec. 705. Financial assistance for supportive services for very low-income veteran families in permanent housing.

#### 1 **SEC. 2. REFERENCES TO TITLE 38, UNITED STATES CODE.**

2 Except as otherwise expressly provided, whenever in  
 3 this Act an amendment or repeal is expressed in terms  
 4 of an amendment to, or repeal of, a section or other provi-  
 5 sion, the reference shall be considered to be made to a  
 6 section or other provision of title 38, United States Code.

### 7 **TITLE I—HEALTH CARE** 8 **MATTERS**

#### 9 **SEC. 101. VETERANS BENEFICIARY TRAVEL PROGRAM.**

10 (a) REPEAL OF REQUIREMENT TO ADJUST  
 11 AMOUNTS DEDUCTED FROM PAYMENTS OR ALLOWANCES  
 12 FOR BENEFICIARY TRAVEL.—

13 (1) IN GENERAL.—Section 111(c) is amended—  
 14 (A) by striking paragraph (5); and  
 15 (B) in paragraph (2), by striking “, except  
 16 as provided in paragraph (5) of this sub-  
 17 section,”.

1           (2) REINSTATEMENT OF AMOUNT OF DEDUC-  
2           TION SPECIFIED BY STATUTE.—Notwithstanding  
3           any adjustment made by the Secretary of Veterans  
4           Affairs under paragraph (5) of section 111(c) of title  
5           38, United States Code, as such paragraph was in  
6           effect before the date of the enactment of this Act,  
7           the amount deducted under paragraph (1) of such  
8           section 111(c) on or after such date shall be the  
9           amount specified in such paragraph.

10          (b) DETERMINATION OF MILEAGE REIMBURSEMENT  
11          RATE.—Section 111(g) is amended—

12                 (1) by amending paragraph (1) to read as fol-  
13          lows:

14          “(1) Subject to paragraph (3), in determining the  
15          amount of allowances or reimbursement to be paid under  
16          this section, the Secretary shall use the mileage reimburse-  
17          ment rate for the use of privately owned vehicles by Gov-  
18          ernment employees on official business (when a Govern-  
19          ment vehicle is available), as prescribed by the Adminis-  
20          trator of General Services under section 5707(b) of title  
21          5.”;

22                 (2) by striking paragraphs (3) and (4); and

23                 (3) by inserting after paragraph (2) the fol-  
24          lowing new paragraph (3):

1       “(3) Subject to the availability of appropriations, the  
2 Secretary may modify the amount of allowances or reim-  
3 bursement to be paid under this section using a mileage  
4 reimbursement rate in excess of that prescribed under  
5 paragraph (1).”.

6       (c) REPORT.—Not later than 14 months after the  
7 date of the enactment of this Act, the Secretary of Vet-  
8 erans Affairs shall submit to the Committee on Veterans’  
9 Affairs of the Senate and the Committee on Veterans’ Af-  
10 fairs of the House of Representatives a report containing  
11 an estimate of the additional costs incurred by the Depart-  
12 ment of Veterans Affairs because of this section, includ-  
13 ing—

14           (1) any costs resulting from increased utiliza-  
15 tion of healthcare services by veterans eligible for  
16 travel allowances or reimbursements under section  
17 111 of title 38, United States Code; and

18           (2) the additional costs that would be incurred  
19 by the Department should the Secretary exercise the  
20 authority described in subsection (g)(3) of such sec-  
21 tion.

22       (d) EFFECTIVE DATE.—The amendments made by  
23 this section shall apply with respect to travel expenses in-  
24 curred after the expiration of the 90-day period that be-  
25 gins on the date of the enactment of this Act.

1 **SEC. 102. MANDATORY REIMBURSEMENT OF VETERANS RE-**  
 2 **CEIVING EMERGENCY TREATMENT IN NON-**  
 3 **DEPARTMENT OF VETERANS AFFAIRS FACILI-**  
 4 **TIES UNTIL TRANSFER TO DEPARTMENT FA-**  
 5 **CILITIES.**

6 (a) CERTAIN VETERANS WITHOUT SERVICE-CON-  
 7 NECTED DISABILITY.—Section 1725 is amended—

8 (1) in subsection (a)(1), by striking “may reim-  
 9 burse” and inserting “shall reimburse”; and

10 (2) in subsection (f)(1), by striking subpara-  
 11 graph (C) and inserting the following new subpara-  
 12 graph (C):

13 “(C) until—

14 “(i) such time as the veteran can be  
 15 transferred safely to a Department facility  
 16 or other Federal facility and such facility  
 17 is capable of accepting such transfer; or

18 “(ii) such time as a Department facil-  
 19 ity or other Federal facility accepts such  
 20 transfer if—

21 “(I) at the time the veteran could  
 22 have been transferred safely to a De-  
 23 partment facility or other Federal fa-  
 24 cility, no Department facility or other  
 25 Federal facility agreed to accept such  
 26 transfer; and

1                   “(II) the non-Department facility  
2                   in which such medical care or services  
3                   was furnished made and documented  
4                   reasonable attempts to transfer the  
5                   veteran to a Department facility or  
6                   other Federal facility.”.

7           (b) CERTAIN VETERANS WITH SERVICE-CONNECTED  
8   DISABILITY.—Section 1728 is amended—

9                   (1) by striking subsection (a) and inserting the  
10          following new subsection (a):

11          “(a) The Secretary shall, under such regulations as  
12   the Secretary prescribes, reimburse veterans eligible for  
13   hospital care or medical services under this chapter for  
14   the customary and usual charges of emergency treatment  
15   (including travel and incidental expenses under the terms  
16   and conditions set forth in section 111 of this title) for  
17   which such veterans have made payment, from sources  
18   other than the Department, where such emergency treat-  
19   ment was rendered to such veterans in need thereof for  
20   any of the following:

21               “(1) An adjudicated service-connected dis-  
22   ability.

23               “(2) A non-service-connected disability associ-  
24   ated with and held to be aggravating a service-con-  
25   nected disability.

1           “(3) Any disability of a veteran if the veteran  
2           has a total disability permanent in nature from a  
3           service-connected disability.

4           “(4) Any illness, injury, or dental condition of  
5           a veteran who—

6                   “(A) is a participant in a vocational reha-  
7                   bilitation program (as defined in section  
8                   3101(9) of this title); and

9                   “(B) is medically determined to have been  
10                  in need of care or treatment to make possible  
11                  the veteran’s entrance into a course of training,  
12                  or prevent interruption of a course of training,  
13                  or hasten the return to a course of training  
14                  which was interrupted because of such illness,  
15                  injury, or dental condition.”;

16                  (2) in subsection (b), by striking “care or serv-  
17                  ices” both places it appears and inserting “emer-  
18                  gency treatment”; and

19                  (3) by adding at the end the following new sub-  
20                  section:

21                  “(c) In this section, the term ‘emergency treatment’  
22                  has the meaning given such term in section 1725(f)(1) of  
23                  this title.”.



1 **SEC. 103. EPILEPSY CENTERS OF EXCELLENCE.**

2 (a) IN GENERAL.—Subchapter II of chapter 73 is  
3 amended by adding at the end the following new section:

4 **“§ 7330A. Epilepsy centers of excellence**

5 “(a) ESTABLISHMENT OF CENTERS.—(1) Not later  
6 than 120 days after the date of the enactment of this sec-  
7 tion, the Secretary shall, upon the recommendation of the  
8 Under Secretary for Health, designate not less than six  
9 Department health-care facilities as the locations for epi-  
10 lepsy centers of excellence.

11 “(2) Subject to the availability of appropriations for  
12 such purpose, the Secretary shall establish and operate  
13 epilepsy centers of excellence at the locations designated  
14 pursuant to paragraph (1).

15 “(b) DESIGNATION OF FACILITIES.—(1) The Sec-  
16 retary may not designate a Department health-care facil-  
17 ity as a location for an epilepsy center of excellence under  
18 subsection (a)(1) unless the peer review panel established  
19 under subsection (c) has determined under that subsection  
20 that the proposal submitted by such facility seeking des-  
21 ignation as a location for an epilepsy center of excellence  
22 is among those proposals that meet the highest competi-  
23 tive standards of scientific and clinical merit.

24 “(2) In choosing from among the facilities meeting  
25 the requirements of paragraph (1), the Secretary shall  
26 also consider appropriate geographic distribution when

1 designating the epilepsy centers of excellence under sub-  
2 section (a)(1).

3 “(c) PEER REVIEW PANEL.—(1) The Under Sec-  
4 retary for Health shall establish a peer review panel to  
5 assess the scientific and clinical merit of proposals that  
6 are submitted to the Secretary for the designation of epi-  
7 lepsy centers of excellence under this section.

8 “(2)(A) The membership of the peer review panel  
9 shall consist of experts on epilepsy, including post-trau-  
10 matic epilepsy.

11 “(B) Members of the peer review panel shall serve  
12 for a period of no longer than two years, except as speci-  
13 fied in subparagraph (C).

14 “(C) Of the members first appointed to the panel,  
15 one half shall be appointed for a period of three years and  
16 one half shall be appointed for a period of two years, as  
17 designated by the Under Secretary at the time of appoint-  
18 ment.

19 “(3) The peer review panel shall review each proposal  
20 submitted to the panel by the Under Secretary for Health  
21 and shall submit its views on the relative scientific and  
22 clinical merit of each such proposal to the Under Sec-  
23 retary.

24 “(4) The peer review panel shall not be subject to  
25 the Federal Advisory Committee Act.

1       “(d) EPILEPSY CENTER OF EXCELLENCE DE-  
 2 FINED.—In this section, the term ‘epilepsy center of excel-  
 3 lence’ means a Department health-care facility that has  
 4 (or in the foreseeable future can develop) the necessary  
 5 capacity to function as a center of excellence in research,  
 6 education, and clinical care activities in the diagnosis and  
 7 treatment of epilepsy and has (or may reasonably be an-  
 8 ticipated to develop) each of the following:

9               “(1) An affiliation with an accredited medical  
 10 school that provides education and training in neu-  
 11 rology, including an arrangement with such school  
 12 under which medical residents receive education and  
 13 training in the diagnosis and treatment of epilepsy  
 14 (including neurosurgery).

15               “(2) The ability to attract the participation of  
 16 scientists who are capable of ingenuity and creativity  
 17 in health-care research efforts.

18               “(3) An advisory committee composed of vet-  
 19 erans and appropriate health-care and research rep-  
 20 resentatives of the facility and of the affiliated  
 21 school or schools to advise the directors of such fa-  
 22 cility and such center on policy matters pertaining to  
 23 the activities of the center during the period of the  
 24 operation of such center.

1           “(4) The capability to conduct effectively eval-  
2           uations of the activities of such center.

3           “(5) The capability to coordinate (as part of an  
4           integrated national system) education, clinical care,  
5           and research activities within all facilities with such  
6           centers.

7           “(6) The capability to develop jointly a national  
8           consortium of providers with interest in treating epi-  
9           lepsy at Department health-care facilities lacking  
10          such centers in order to ensure better access to  
11          state-of-the-art diagnosis, research, clinical care, and  
12          education for traumatic brain injury and epilepsy  
13          throughout the health-care system of the Depart-  
14          ment. Such consortium should include a designated  
15          epilepsy referral clinic in each Veterans Integrated  
16          Service Network.

17          “(7) The capability to assist in the expansion of  
18          the Department’s use of information systems and  
19          databases to improve the quality and delivery of care  
20          for veterans enrolled within the Department’s health  
21          care system.

22          “(8) The capability to assist in the expansion of  
23          the Department telehealth program to develop,  
24          transmit, monitor, and review neurological diag-  
25          nostic tests.

1           “(9) The ability to perform epilepsy research,  
2           education, and clinical care activities in collaboration  
3           with Department medical facilities that have centers  
4           for research, education, and clinical care activities  
5           on complex multi-trauma associated with combat in-  
6           juries established under section 7327 of this title.

7           “(e) NATIONAL COORDINATOR FOR EPILEPSY PRO-  
8           GRAMS.—(1) To assist the Secretary and the Under Sec-  
9           retary for Health in carrying out this section, the Sec-  
10          retary shall designate an individual in the Veterans Health  
11          Administration to act as a national coordinator for epi-  
12          lepsy programs of the Veterans Health Administration.

13          “(2) The duties of the national coordinator for epi-  
14          lepsy programs shall include the following:

15               “(A) To supervise the operation of the centers  
16               established pursuant to this section.

17               “(B) To coordinate and support the national  
18               consortium of providers with interest in treating epi-  
19               lepsy at Department health-care facilities lacking  
20               such centers in order to ensure better access to  
21               state-of-the-art diagnosis, research, clinical care, and  
22               education for traumatic brain injury and epilepsy  
23               throughout the health-care system of the Depart-  
24               ment.

1           “(C) To conduct regular evaluations of the epi-  
2       lepsy centers of excellence to ensure compliance  
3       with the requirements of this section.

4       “(3) In carrying out duties under this subsection, the  
5       national coordinator for epilepsy programs shall report to  
6       the official of the Veterans Health Administration respon-  
7       sible for neurology.

8       “(f) AUTHORIZATION OF APPROPRIATIONS.—(1)  
9       There are authorized to be appropriated \$6,000,000 for  
10      each of fiscal years 2009 through 2013 for the support  
11      of the clinical care, research, and education activities of  
12      the epilepsy centers of excellence established and operated  
13      pursuant to subsection (a)(2).

14      “(2) There are authorized to be appropriated for each  
15      fiscal year after fiscal year 2013 such sums as may be  
16      necessary for the support of the clinical care, research,  
17      and education activities of the epilepsy centers of excel-  
18      lence established and operated pursuant to subsection  
19      (a)(2).

20      “(3) The Secretary shall ensure that funds for such  
21      centers are designated for the first three years of oper-  
22      ation as a special purpose program for which funds are  
23      not allocated through the Veterans Equitable Resource Al-  
24      location system.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 73 is amended by inserting after the item relating to section 7330 the following new item:

17 SEC. 104. ESTABLISHMENT OF QUALIFICATIONS FOR PEER  
18 SPECIALIST APPOINTEES.

(1) by redesignating the paragraph (11) relating to other health-care positions as paragraph (14); and

(2) by inserting after paragraph (12) the following new paragraph (13):

1 “(13) PEER SPECIALIST.—To be eligible to be ap-  
 2 pointed to a peer specialist position, a person must—

3 “(A) be a veteran who has recovered or is re-  
 4 covering from a mental health condition; and

5 “(B) be certified by—

6 “(i) a not-for-profit entity engaged in peer  
 7 specialist training as having met such criteria  
 8 as the Secretary shall establish for a peer spe-  
 9 cialist position; or

10 “(ii) a State as having satisfied relevant  
 11 State requirements for a peer specialist posi-  
 12 tion.”.

13 (b) PEER SPECIALIST TRAINING.—Section 7402 is  
 14 amended by adding at the end the following new sub-  
 15 section:

16 “(g) The Secretary may enter into contracts with not-  
 17 for-profit entities to provide—

18 “(1) peer specialist training to veterans; and

19 “(2) certification for veterans under subsection  
 20 (b)(13)(B)(i).”.

## 21 **TITLE II—PAIN CARE**

### 22 **SEC. 201. COMPREHENSIVE POLICY ON PAIN MANAGE-** 23 **MENT.**

24 (a) COMPREHENSIVE POLICY REQUIRED.—Not later  
 25 than October 1, 2008, the Secretary of Veterans Affairs



1 shall develop and implement a comprehensive policy on the  
2 management of pain experienced by veterans enrolled for  
3 health care services provided by the Department of Vet-  
4 erans Affairs.

5 (b) SCOPE OF POLICY.—The policy required by sub-  
6 section (a) shall cover each of the following:

7 (1) The Department-wide management of acute  
8 and chronic pain experienced by veterans.

9 (2) The standard of care for pain management  
10 to be used throughout the Department.

11 (3) The consistent application of pain assess-  
12 ments to be used throughout the Department.

13 (4) The assurance of prompt and appropriate  
14 pain care treatment and management by the Depart-  
15 ment, system-wide, when medically necessary.

16 (5) Department programs of research related to  
17 acute and chronic pain suffered by veterans, includ-  
18 ing pain attributable to central and peripheral nerv-  
19 ous system damage characteristic of injuries in-  
20 curred in modern warfare.

21 (6) Department programs of pain care edu-  
22 cation and training for health care personnel of the  
23 Department.

1           (7) Department programs of patient education  
2       for veterans suffering from acute or chronic pain  
3       and their families.

4       (c) UPDATES.—The Secretary shall revise the policy  
5       required by subsection (a) on a periodic basis in accord-  
6       ance with experience and evolving best practice guidelines.

7       (d) CONSULTATION.—The Secretary shall develop the  
8       policy required by subsection (a), and revise such policy  
9       under subsection (c), in consultation with veterans service  
10      organizations and other organizations with expertise in the  
11      assessment, diagnosis, treatment, and management of  
12      pain.

13      (e) ANNUAL REPORT.—

14           (1) IN GENERAL.—Not later than 180 days  
15      after the date of the completion and initial imple-  
16      mentation of the policy required by subsection (a)  
17      and on October 1 of every fiscal year thereafter  
18      through fiscal year 2018, the Secretary shall submit  
19      to the Committee on Veterans' Affairs of the Senate  
20      and the Committee on Veterans' Affairs of the  
21      House of Representatives a report on the implemen-  
22      tation of the policy required by subsection (a).

23           (2) CONTENTS.—The report required by para-  
24      graph (1) shall include the following:

1 (A) A description of the policy developed  
2 and implemented under subsection (a) and any  
3 revisions to such policy under subsection (c).

4 (B) A description of the performance  
5 measures used to determine the effectiveness of  
6 such policy in improving pain care for veterans  
7 system-wide.

8 (C) An assessment of the adequacy of De-  
9 partment pain management services based on a  
10 survey of patients managed in Department clin-  
11 ics.

12 (D) A assessment of the research projects  
13 of the Department relevant to the treatment of  
14 the types of acute and chronic pain suffered by  
15 veterans.

16 (E) An assessment of the training provided  
17 to Department health care personnel with re-  
18 spect to the diagnosis, treatment, and manage-  
19 ment of acute and chronic pain.

20 (F) An assessment of the patient pain care  
21 education programs of the Department.

22 (f) VETERANS SERVICE ORGANIZATION DEFINED.—  
23 In this section, the term “veterans service organization”  
24 means any organization recognized by the Secretary for

1 the representation of veterans under section 5902 of title  
2 38, United States Code.

3 **TITLE III—SUBSTANCE USE DIS-**  
4 **ORDERS AND MENTAL**  
5 **HEALTH CARE**

6 **SEC. 301. FINDINGS ON SUBSTANCE USE DISORDERS AND**  
7 **MENTAL HEALTH.**

8 Congress makes the following findings:

9 (1) More than 1,500,000 members of the  
10 Armed Forces have been deployed in Operation Iraqi  
11 Freedom and Operation Enduring Freedom. The  
12 2005 Department of Defense Survey of Health Re-  
13 lated Behaviors Among Active Duty Personnel re-  
14 ports that 23 percent of members of the Armed  
15 Forces on active duty acknowledge a significant  
16 problem with alcohol use, with similar rates of ac-  
17 knowledged problems with alcohol use among mem-  
18 bers of the National Guard.

19 (2) The effects of substance abuse are wide  
20 ranging, including significantly increased risk of sui-  
21 cide, exacerbation of mental and physical health dis-  
22 orders, breakdown of family support, and increased  
23 risk of unemployment and homelessness.

24 (3) While veterans suffering from mental health  
25 conditions, chronic physical illness, and polytrauma

1        may be at increased risk for development of a sub-  
2        stance use disorder, treatment for these veterans is  
3        complicated by the need to address adequately the  
4        physical and mental symptoms associated with these  
5        conditions through appropriate medical intervention.

6            (4) While the Veterans Health Administration  
7        has dramatically increased health services for vet-  
8        erans from 1996 through 2006, the number of vet-  
9        erans receiving specialized substance abuse treat-  
10       ment services decreased 18 percent during that time.  
11       No comparable decrease in the national rate of sub-  
12       stance abuse has been observed during that time.

13           (5) While some facilities of the Veterans Health  
14        Administration provide exemplary substance use dis-  
15        order treatment services, the availability of such  
16        treatment services throughout the health care sys-  
17        tem of the Veterans Health Administration is incon-  
18        sistent.

19           (6) According to the Government Accountability  
20        Office, the Department of Veterans Affairs signifi-  
21        cantly reduced its substance use disorder treatment  
22        and rehabilitation services between 1996 and 2006,  
23        and has made little progress since in restoring these  
24        services to their pre-1996 levels.

1 **SEC. 302. EXPANSION OF SUBSTANCE USE DISORDER**  
2 **TREATMENT SERVICES PROVIDED BY DE-**  
3 **PARTMENT OF VETERANS AFFAIRS.**

4 (a) IN GENERAL.—The Secretary of Veterans Affairs  
5 shall ensure the provision of such services and treatment  
6 to each veteran enrolled in the health care system of the  
7 Department of Veterans Affairs who is in need of services  
8 and treatments for a substance use disorder as follows:

9 (1) Short term motivational counseling services.

10 (2) Intensive outpatient or residential care serv-  
11 ices.

12 (3) Relapse prevention services.

13 (4) Ongoing aftercare and outpatient counseling  
14 services.

15 (5) Opiate substitution therapy services.

16 (6) Pharmacological treatments aimed at reduc-  
17 ing craving for drugs and alcohol.

18 (7) Detoxification and stabilization services.

19 (8) Such other services as the Secretary con-  
20 siders appropriate.

21 (b) PROVISION OF SERVICES.—The services and  
22 treatments described in subsection (a) may be provided  
23 to a veteran described in such subsection—

24 (1) at Department of Veterans Affairs medical  
25 centers or clinics;

1           (2) by referral to other facilities of the Depart-  
2           ment that are accessible to such veteran; or

3           (3) by contract or fee-for-service payments with  
4           community-based organizations for the provision of  
5           such services and treatments.

6           (c) ALTERNATIVES IN CASE OF SERVICES DENIED  
7           DUE TO CLINICAL NECESSITY.—If the Secretary denies  
8           the provision to a veteran of services or treatment for a  
9           substance use disorder due to clinical necessity, the Sec-  
10          retary shall provide the veteran such other services or  
11          treatments as are medically appropriate.

12          (d) REPORT.—Not later than one year after the date  
13          of the enactment of this Act, the Secretary shall submit  
14          to the Committee on Veterans' Affairs of the Senate and  
15          the Committee on Veterans' Affairs of the House of Rep-  
16          resentatives a report setting forth, for each medical facility  
17          of the Department, the availability of the following:

18                (1) Medically supervised withdrawal manage-  
19                ment.

20                (2) Programs for treatment of alcohol and  
21                other substance use disorders that are—

22                    (A) integrated with primary health care  
23                    services; or

24                    (B) available as specialty substance use  
25                    disorder services.

1           (3) Specialty programs for the treatment of  
2           post-traumatic stress disorder.

3           (4) Programs to treat veterans who are diag-  
4           nosed with both a substance use disorder and a  
5           mental health disorder.

6   **SEC. 303. CARE FOR VETERANS WITH MENTAL HEALTH AND**  
7                           **SUBSTANCE USE DISORDERS.**

8           (a) IN GENERAL.—If the Secretary of Veterans Af-  
9           fairs provides a veteran inpatient or outpatient care for  
10          a substance use disorder and a comorbid mental health  
11          disorder, the Secretary shall ensure that treatment for  
12          such disorders is provided concurrently—

13                  (1) through a service provided by a clinician or  
14          health professional who has training and expertise in  
15          treatment of substance use disorders and mental  
16          health disorders;

17                  (2) by separate substance use disorder and  
18          mental health disorder treatment services when there  
19          is appropriate coordination, collaboration, and care  
20          management between such treatment services; or

21                  (3) by a team of clinicians with appropriate ex-  
22          pertise.

23          (b) TEAM OF CLINICIANS WITH APPROPRIATE EX-  
24          PERTISE DEFINED.—In this section, the term “team of



1 clinicians with appropriate expertise” means a team con-  
 2 sisting of the following:

3           (1) Clinicians and health professionals with ex-  
 4           pertise in treatment of substance use disorders and  
 5           mental health disorders who act in coordination and  
 6           collaboration with each other.

7           (2) Such other professionals as the Secretary  
 8           considers appropriate for the provision of treatment  
 9           to veterans for substance use and mental health dis-  
 10          orders.

11 **SEC. 304. NATIONAL CENTERS OF EXCELLENCE ON POST-**  
 12 **TRAUMATIC STRESS DISORDER AND SUB-**  
 13 **STANCE USE DISORDERS.**

14          (a) IN GENERAL.—Subchapter II of chapter 73, as  
 15          amended by sections 210 and 303 of this Act, is further  
 16          amended by adding at the end the following new section:

17 **“§ 7330C. National centers of excellence on post-trau-**  
 18 **matic stress disorder and substance use**  
 19 **disorders**

20          “(a) ESTABLISHMENT OF CENTERS.—(1) The Sec-  
 21          retary shall establish not less than six national centers of  
 22          excellence on post-traumatic stress disorder and substance  
 23          use disorders.

24          “(2) The purpose of the centers established under  
 25          this section is to serve as Department facilities that pro-

1 vide comprehensive inpatient or residential treatment and  
 2 recovery services for veterans diagnosed with both post-  
 3 traumatic stress disorder and a substance use disorder.

4 “(b) LOCATION.—Each center established in accord-  
 5 ance with subsection (a) shall be located at a medical cen-  
 6 ter of the Department that—

7 “(1) provides specialized care for veterans with  
 8 post-traumatic stress disorder and a substance use  
 9 disorder; and

10 “(2) is geographically situated in an area with  
 11 a high number of veterans that have been diagnosed  
 12 with both post-traumatic stress disorder and sub-  
 13 stance use disorder.

14 “(c) PROCESS OF REFERRAL AND TRANSITION TO  
 15 STEP DOWN DIAGNOSIS REHABILITATION TREATMENT  
 16 PROGRAMS.—The Secretary shall establish a process to  
 17 refer and aid the transition of veterans from the national  
 18 centers of excellence on post-traumatic stress disorder and  
 19 substance use disorders established pursuant to subsection  
 20 (a) to programs that provide step down rehabilitation  
 21 treatment for individuals with post-traumatic stress dis-  
 22 order and substance use disorders.

23 “(d) COLLABORATION WITH THE NATIONAL CENTER  
 24 FOR POST-TRAUMATIC STRESS DISORDER.—The centers  
 25 established under this section shall collaborate in the re-

1 search of the National Center for Post-Traumatic Stress  
2 Disorder.”.

3 (b) CLERICAL AMENDMENT.—The table of sections  
4 at the beginning of chapter 73 is amended by inserting  
5 after the item relating to section 7330 the following new  
6 item:

“7330C. National centers of excellence on post-traumatic stress disorder and  
substance use disorders.”.

7 **SEC. 305. REPORT ON RESIDENTIAL MENTAL HEALTH CARE**  
8 **FACILITIES OF THE VETERANS HEALTH AD-**  
9 **MINISTRATION.**

10 (a) REVIEWS.—The Secretary of Veterans Affairs  
11 shall, acting through the Office of Mental Health Services  
12 of the Department of Veterans Affairs—

13 (1) not later than six months after the date of  
14 the enactment of this Act, conduct a review of all  
15 residential mental health care facilities, including  
16 domiciliary facilities, of the Veterans Health Admin-  
17 istration; and

18 (2) not later than two years after the date of  
19 the completion of the review required by paragraph  
20 (1), conduct a follow-up review of such facilities to  
21 evaluate any improvements made or problems re-  
22 maining since the review under paragraph (1) was  
23 completed.

1       (b) REPORT.—Not later than 90 days after the com-  
2   pletion of the review required by subsection (a)(1), the  
3   Secretary shall submit to the Committee on Veterans' Af-  
4   fairs of the Senate and the Committee on Veterans' Af-  
5   fairs of the House of Representatives a report on such  
6   review. The report shall include the following:

7           (1) A description of the availability of care in  
8       residential mental health care facilities in each Vet-  
9       erans Integrated Service Network (VISN).

10          (2) An assessment of the supervision and sup-  
11       port provided in the residential mental health care  
12       facilities of the Veterans Health Administration.

13          (3) The ratio of staff members at each residen-  
14       tial mental health care facility to patients at such fa-  
15       cility.

16          (4) An assessment of the appropriateness of  
17       rules and procedures for the prescription and admin-  
18       istration of medications to patients in such residen-  
19       tial mental health care facilities.

20          (5) A description of the protocols at each resi-  
21       dential mental health care facility for handling  
22       missed appointments.

23          (6) Any recommendations the Secretary con-  
24       siders appropriate for improvements to such residen-

1        tial mental health care facilities and the care pro-  
2        vided in such facilities.

3    **SEC. 306. TRIBUTE TO JUSTIN BAILEY.**

4        This title is enacted in tribute to Justin Bailey, who,  
5    after returning to the United States from service as a  
6    member of the Armed Forces in Operation Iraqi Freedom,  
7    died in a domiciliary facility of the Department of Vet-  
8    erans Affairs while receiving care for post-traumatic stress  
9    disorder and a substance use disorder.

10       **TITLE IV—MENTAL HEALTH**  
11       **ACCESSIBILITY ENHANCEMENTS**

12    **SEC. 401. PILOT PROGRAM ON PEER OUTREACH AND SUP-**  
13                    **PORT FOR VETERANS AND USE OF COMMU-**  
14                    **NITY MENTAL HEALTH CENTERS AND INDIAN**  
15                    **HEALTH SERVICE FACILITIES.**

16        (a) PILOT PROGRAM REQUIRED.—Commencing not  
17    later than 180 days after the date of the enactment of  
18    this Act, the Secretary of Veterans Affairs shall carry out  
19    a pilot program to assess the feasibility and advisability  
20    of providing to veterans of Operation Iraqi Freedom and  
21    Operation Enduring Freedom, and, in particular, veterans  
22    who served in such operations as a member of the Na-  
23    tional Guard or Reserve, the following:

24            (1) Peer outreach services.

1           (2) Peer support services provided by licensed  
2 providers of peer support services or veterans who  
3 have personal experience with mental illness.

4           (3) Readjustment counseling services described  
5 in section 1712A of title 38, United States Code.

6           (4) Other mental health services.

7       (b) PROVISION OF CERTAIN SERVICES.—In providing  
8 services described in paragraphs (3) and (4) of subsection  
9 (a) under the pilot program to veterans who reside in rural  
10 areas and do not have adequate access through the De-  
11 partment of Veterans Affairs to the services described in  
12 such paragraphs, the Secretary shall, acting through the  
13 Office of Mental Health Services and the Office of Rural  
14 Health, provide such services as follows:

15           (1) Through community mental health centers  
16 or other entities under contracts or other agree-  
17 ments for the provision of such services that are en-  
18 tered into for purposes of the pilot program.

19           (2) Through the Indian Health Service pursu-  
20 ant to a memorandum of understanding entered into  
21 by the Secretary of Veterans Affairs and the Sec-  
22 retary of Health and Human Services for purposes  
23 of the pilot program.

1 (c) DURATION.—The pilot program shall be carried  
2 out during the three-year period beginning on the date of  
3 the commencement of the pilot program.

4 (d) PROGRAM LOCATIONS.—

5 (1) IN GENERAL.—The pilot program shall be  
6 carried out within areas selected by the Secretary  
7 for the purpose of the pilot program in at least two  
8 Veterans Integrated Service Networks (VISN).

9 (2) RURAL GEOGRAPHIC LOCATIONS.—The lo-  
10 cations selected shall be in rural geographic locations  
11 that, as determined by the Secretary, lack access to  
12 comprehensive mental health services through the  
13 Department of Veterans Affairs.

14 (3) QUALIFIED PROVIDERS.—In selecting loca-  
15 tions for the pilot program, the Secretary shall select  
16 locations in which an adequate number of licensed  
17 mental health care providers with credentials equiva-  
18 lent to those of Department mental health care pro-  
19 viders are available in Indian Health Service facili-  
20 ties, community mental health centers, and other en-  
21 tities are available for participation in the pilot pro-  
22 gram.

23 (e) PARTICIPATION IN PROGRAM.—Each community  
24 mental health center, facility of the Indian Health Service,

1 or other entity participating in the pilot program under  
2 subsection (b) shall—

3 (1) provide the services described in paragraphs  
4 (3) and (4) of subsection (a) to eligible veterans, in-  
5 cluding, to the extent practicable, telehealth services  
6 that link the center or facility with Department of  
7 Veterans Affairs clinicians;

8 (2) use the clinical practice guidelines of the  
9 Veterans Health Administration or the Department  
10 of Defense in the provision of such services; and

11 (3) meet such other requirements as the Sec-  
12 retary shall require.

13 (f) COMPLIANCE WITH DEPARTMENT PROTOCOLS.—  
14 Each community mental health center, facility of the In-  
15 dian Health Service, or other entity participating in the  
16 pilot program under subsection (b) shall comply with—

17 (1) applicable protocols of the Department be-  
18 fore incurring any liability on behalf of the Depart-  
19 ment for the provision of services as part of the pilot  
20 program; and

21 (2) access and quality standards of the Depart-  
22 ment relevant to the provision of services as part of  
23 the pilot program.

24 (g) PROVISION OF CLINICAL INFORMATION.—Each  
25 community mental health center, facility of the Indian



1 Health Service, or other entity participating in the pilot  
2 program under subsection (b) shall, in a timely fashion,  
3 provide the Secretary with such clinical information on  
4 each veteran for whom such health center or facility pro-  
5 vides mental health services under the pilot program as  
6 the Secretary shall require.

7 (h) TRAINING.—

8 (1) TRAINING OF VETERANS.—As part of the  
9 pilot program, the Secretary shall carry out a pro-  
10 gram of training for veterans described in subsection  
11 (a) to provide the services described in paragraphs  
12 (1) and (2) of such subsection.

13 (2) TRAINING OF CLINICIANS.—

14 (A) IN GENERAL.—The Secretary shall  
15 conduct a training program for clinicians of  
16 community mental health centers, Indian  
17 Health Service facilities, or other entities par-  
18 ticipating in the pilot program under subsection  
19 (b) to ensure that such clinicians can provide  
20 the services described in paragraphs (3) and (4)  
21 of subsection (a) in a manner that accounts for  
22 factors that are unique to the experiences of  
23 veterans who served on active duty in Operation  
24 Iraqi Freedom or Operation Enduring Freedom

1 (including their combat and military training  
2 experiences).

3 (B) PARTICIPATION IN TRAINING.—Per-  
4 sonnel of each community mental health center,  
5 facility of the Indian Health Service, or other  
6 entity participating in the pilot program under  
7 subsection (b) shall participate in the training  
8 program conducted pursuant to subparagraph  
9 (A).

10 (i) ANNUAL REPORTS.—Each community mental  
11 health center, facility of the Indian Health Service, or  
12 other entity participating in the pilot program under sub-  
13 section (b) shall submit to the Secretary on an annual  
14 basis a report containing, with respect to the provision of  
15 services under subsection (b) and for the last full calendar  
16 year ending before the submission of such report—

17 (1) the number of—

18 (A) veterans served; and

19 (B) courses of treatment provided; and

20 (2) demographic information for such services,  
21 diagnoses, and courses of treatment.

22 (j) PROGRAM EVALUATION.—

23 (1) IN GENERAL.—The Secretary shall, through  
24 Department of Veterans Affairs Mental Health Serv-  
25 ices investigators and in collaboration with relevant

1 program offices of the Department, design and im-  
2 plement a strategy for evaluating the pilot program.

3 (2) ELEMENTS.—The strategy implemented  
4 under paragraph (1) shall assess the impact that  
5 contracting with community mental health centers,  
6 the Indian Health Service, and other entities partici-  
7 pating in the pilot program under subsection (b) has  
8 on the following:

9 (A) Access to mental health care by vet-  
10 erans in need of such care.

11 (B) The use of telehealth services by vet-  
12 erans for mental health care needs.

13 (C) The quality of mental health care and  
14 substance use disorder treatment services pro-  
15 vided to veterans in need of such care and serv-  
16 ices.

17 (D) The coordination of mental health care  
18 and other medical services provided to veterans.

19 (k) DEFINITIONS.—In this section:

20 (1) The term “community mental health cen-  
21 ter” has the meaning given such term in section  
22 410.2 of title 42, Code of Federal Regulations (as  
23 in effect on the day before the date of the enactment  
24 of this Act).

1           (2) The term “eligible veteran” means a vet-  
2       eran in need of mental health services who—

3           (A) is enrolled in the Department of Vet-  
4       erans Affairs health care system; and

5           (B) has received a referral from a health  
6       professional of the Veterans Health Administra-  
7       tion to a community mental health center, a fa-  
8       cility of the Indian Health Service, or other en-  
9       tity for purposes of the pilot program.

10          (3) The term “Indian Health Service” means  
11       the organization established by section 601(a) of the  
12       Indian Health Care Improvement Act (25 U.S.C.  
13       1661(a)).

14          (l) AUTHORIZATION OF APPROPRIATIONS.—There is  
15       authorized to be appropriated such sums as may be nec-  
16       essary to carry out the provisions of this section.

## 17           **TITLE V—MENTAL HEALTH** 18           **RESEARCH**

### 19       **SEC. 501. RESEARCH PROGRAM ON COMORBID POST-TRAU-** 20           **MATIC STRESS DISORDER AND SUBSTANCE** 21           **USE DISORDERS.**

22          (a) PROGRAM REQUIRED.—The Secretary of Vet-  
23       erans Affairs shall carry out a program of research into  
24       comorbid post-traumatic stress disorder (PTSD) and sub-  
25       stance use disorder.

1 (b) DISCHARGE THROUGH NATIONAL CENTER FOR  
2 POSTTRAUMATIC STRESS DISORDER.—The research pro-  
3 gram required by subsection (a) shall be carried out by  
4 the National Center for Posttraumatic Stress Disorder. In  
5 carrying out the program, the Center shall—

6 (1) develop protocols and goals with respect to  
7 research under the program; and

8 (2) coordinate research, data collection, and  
9 data dissemination under the program.

10 (c) RESEARCH.—The program of research required  
11 by subsection (a) shall address the following:

12 (1) Comorbid post-traumatic stress disorder  
13 and substance use disorder.

14 (2) The systematic integration of treatment for  
15 post-traumatic stress disorder with treatment for  
16 substance use disorder.

17 (3) The development of protocols to evaluate  
18 care of veterans with comorbid post-traumatic stress  
19 disorder and substance use disorder and to facilitate  
20 cumulative clinical progress of such veterans over  
21 time.

22 (d) FUNDING.—

23 (1) AUTHORIZATION OF APPROPRIATIONS.—

24 There is authorized to be appropriated for the De-  
25 partment of Veterans Affairs for each of fiscal years

1       2008 through 2011, \$2,000,000 to carry out this  
2       section.

3           (2) AVAILABILITY.—Amounts authorized to be  
4       appropriated by paragraph (1) shall be made avail-  
5       able to the National Center on Posttraumatic Stress  
6       Disorder for the purpose specified in that para-  
7       graph.

8           (3) SUPPLEMENT NOT SUPPLANT.—Any  
9       amount made available to the National Center on  
10      Posttraumatic Stress Disorder for a fiscal year  
11      under paragraph (2) is in addition to any other  
12      amounts made available to the National Center on  
13      Posttraumatic Stress Disorder for such year under  
14      any other provision of law.

15 **SEC. 502. EXTENSION OF AUTHORIZATION FOR SPECIAL**  
16 **COMMITTEE ON POST-TRAUMATIC STRESS**  
17 **DISORDER.**

18       Section 110(e)(2) of the Veterans' Health Care Act  
19      of 1984 (38 U.S.C. 1712A note; Public Law 98–528) is  
20      amended by striking “through 2008” and inserting  
21      “through 2012”.

**TITLE VI—ASSISTANCE FOR  
FAMILIES OF VETERANS**

**SEC. 601. CLARIFICATION OF AUTHORITY OF SECRETARY  
OF VETERANS AFFAIRS TO PROVIDE MENTAL  
HEALTH SERVICES TO FAMILIES OF VET-  
ERANS.**

(a) IN GENERAL.—Chapter 17 is amended—

(1) in section 1701(5)(B)—

(A) by inserting “marriage and family  
counseling,” after “professional counseling,”;  
and

(B) by striking “as may be essential to”  
and inserting “as the Secretary considers ap-  
propriate for”; and

(2) in subsections (a) and (b) of section 1782,  
by inserting “marriage and family counseling,” after  
“professional counseling.”.

(b) LOCATION.—Paragraph (5) of section 1701 of  
title 38, United States Code, shall not be construed to pre-  
vent the Secretary of Veterans Affairs from providing  
services described in subparagraph (B) of such paragraph  
to individuals described in such subparagraph in centers  
under section 1712A of such title (commonly referred to  
as “Vet Centers”), Department of Veterans Affairs med-  
ical centers, community-based outpatient clinics, or in

1 such other facilities of the Department of Veterans Affairs  
2 as the Secretary considers necessary.

3 **SEC. 602. PILOT PROGRAM ON PROVISION OF READJUST-**  
4 **MENT AND TRANSITION ASSISTANCE TO VET-**  
5 **ERANS AND THEIR FAMILIES IN COOPERA-**  
6 **TION WITH VET CENTERS.**

7 (a) PILOT PROGRAM.—The Secretary of Veterans Af-  
8 fairs shall carry out, through a non-Department of Vet-  
9 erans Affairs entity, a pilot program to assess the  
10 feasibility and advisability of providing readjustment and  
11 transition assistance described in subsection (b) to vet-  
12 erans and their families in cooperation with centers under  
13 section 1712A of title 38, United States Code (commonly  
14 referred to as “Vet Centers”).

15 (b) READJUSTMENT AND TRANSITION ASSIST-  
16 ANCE.—Readjustment and transition assistance described  
17 in this subsection is assistance as follows:

18 (1) Readjustment and transition assistance that  
19 is preemptive, proactive, and principle-centered.

20 (2) Assistance and training for veterans and  
21 their families in coping with the challenges associ-  
22 ated with making the transition from military to ci-  
23 vilian life.

24 (c) NON-DEPARTMENT OF VETERANS AFFAIRS EN-  
25 TITY.—



1           (1) IN GENERAL.—The Secretary shall carry  
2           out the pilot program through any for-profit or non-  
3           profit organization selected by the Secretary for pur-  
4           poses of the pilot program that has demonstrated  
5           expertise and experience in the provision of assist-  
6           ance and training described in subsection (b).

7           (2) CONTRACT OR AGREEMENT.—The Secretary  
8           shall carry out the pilot program through a non-De-  
9           partment entity described in paragraph (1) pursuant  
10          to a contract or other agreement entered into by the  
11          Secretary and the entity for purposes of the pilot  
12          program.

13          (d) DURATION OF PILOT PROGRAM.—The pilot pro-  
14          gram shall be carried out during the three-year period be-  
15          ginning on the date of the enactment of this Act, and may  
16          be carried out for additional one-year periods thereafter.

17          (e) LOCATION OF PILOT PROGRAM.—

18               (1) IN GENERAL.—The Secretary of Veterans  
19               Affairs shall provide assistance under the pilot pro-  
20               gram in cooperation with 10 centers described in  
21               subsection (a) designated by the Secretary for pur-  
22               poses of the pilot program.

23               (2) DESIGNATIONS.—In designating centers de-  
24               scribed in subsection (a) for purposes of the pilot  
25               program, the Secretary shall designate centers so as

1 to provide a balanced geographical representation of  
2 such centers throughout the United States, including  
3 the District of Columbia, the Commonwealth of  
4 Puerto Rico, tribal lands, and other territories and  
5 possessions of the United States.

6 (f) PARTICIPATION OF CENTERS.—A center de-  
7 scribed in subsection (a) that is designated under sub-  
8 section (e) for participation in the pilot program shall par-  
9 ticipate in the pilot program by promoting awareness of  
10 the assistance and training available to veterans and their  
11 families through—

12 (1) the facilities and other resources of such  
13 center;

14 (2) the non-Department of Veterans Affairs en-  
15 tity selected pursuant to subsection (c); and

16 (3) other appropriate mechanisms.

17 (g) ADDITIONAL SUPPORT.—In carrying out the pilot  
18 program, the Secretary of Veterans Affairs may enter into  
19 contracts or other agreements, in addition to the contract  
20 or agreement described in subsection (c), with such other  
21 non-Department of Veterans Affairs entities meeting the  
22 requirements of subsection (c) as the Secretary considers  
23 appropriate for purposes of the pilot program.

24 (h) REPORT ON PILOT PROGRAM.—

1           (1) REPORT REQUIRED.—Not later than six  
2           months after the date of the conclusion of the pilot  
3           program, the Secretary shall submit to the congressional veterans affairs committees a report on the  
4           pilot program.  
5

6           (2) ELEMENTS.—Each report under paragraph  
7           (1) shall include the following:

8                   (A) A description of the activities under  
9                   the pilot program as of the date of such report,  
10                  including the number of veterans and families  
11                  provided assistance under the pilot program  
12                  and the scope and nature of the assistance so  
13                  provided.

14                  (B) A current assessment of the effectiveness of the pilot program.

16                  (C) Any recommendations that the Secretary considers appropriate for the extension  
17                  or expansion of the pilot program.

19           (3) CONGRESSIONAL VETERANS AFFAIRS COMMITTEES DEFINED.—In this subsection, the term  
20           “congressional veterans affairs committees”  
21           means—  
22

23                   (A) the Committees on Veterans’ Affairs  
24                   and Appropriations of the Senate; and

1 (B) the Committees on Veterans' Affairs  
 2 and Appropriations of the House of Representa-  
 3 tives.

4 (i) AUTHORIZATION OF APPROPRIATIONS.—

5 (1) IN GENERAL.—There is authorized to be  
 6 appropriated for the Department of Veterans Affairs  
 7 for each of fiscal years 2009 through 2011  
 8 \$1,000,000 to carry out this section.

9 (2) AVAILABILITY.—Amounts authorized to be  
 10 appropriated by paragraph (1) shall remain available  
 11 until expended.

## 12 **TITLE VII—HOMELESS** 13 **VETERANS MATTERS**

### 14 **SEC. 701. REPEAL OF AUTHORITY FOR ADJUSTMENTS TO** 15 **PER DIEM PAYMENTS TO HOMELESS VET-** 16 **ERANS SERVICE CENTERS FOR RECEIPT OF** 17 **OTHER SOURCES OF INCOME.**

18 Section 2012(a)(2) is amended—

19 (1) by striking subparagraphs (B) and (D);

20 (2) in subparagraph (A)—

21 (A) by striking “The rate” and inserting  
 22 “Except as provided in subparagraph (B), the  
 23 rate”;

24 (B) by striking “adjusted by the Secretary  
 25 under subparagraph (B)”;

1 (C) by designating the second sentence as  
 2 subparagraph (B) and indenting the margin of  
 3 such subparagraph, as so designated, two ems  
 4 from the left margin; and  
 5 (3) in subparagraph (C), by striking “to make  
 6 the adjustment under subparagraph (B)”.

7 **SEC. 702. EXPANSION AND EXTENSION OF AUTHORITY FOR**  
 8 **PROGRAM OF REFERRAL AND COUNSELING**  
 9 **SERVICES FOR AT-RISK VETERANS**  
 10 **TRANSITIONING FROM CERTAIN INSTITU-**  
 11 **TIONS.**

12 (a) PROGRAM AUTHORITY.—Subsection (a) of section  
 13 2023 is amended by striking “a demonstration program  
 14 for the purpose of determining the costs and benefits of  
 15 providing” and inserting “a program of”.

16 (b) SCOPE OF PROGRAM.—Subsection (b) of such  
 17 section is amended—

18 (1) by striking “DEMONSTRATION” in the sub-  
 19 section heading;

20 (2) by striking “demonstration”; and

21 (3) by striking “in at least six locations” and  
 22 inserting “in at least 12 locations”.

23 (c) EXTENSION OF AUTHORITY.—Subsection (d) of  
 24 such section is amended by striking “shall cease” and all

1 that follows and inserting “shall cease on September 30,  
2 2012.”.

3 (d) CONFORMING AMENDMENTS.—

4 (1) Subsection (c)(1) of such section is amend-  
5 ed by striking “demonstration”.

6 (2) The heading of such section is amended to  
7 read as follows:

8 **“§ 2023. Referral and counseling services: veterans at**  
9 **risk of homelessness who are**  
10 **transitioning from certain institutions”.**

11 (3) Section 2022(f)(2)(C) of such title is  
12 amended by striking “demonstration”.

13 (e) CLERICAL AMENDMENT.—The table of sections  
14 at the beginning of chapter 20 is amended by striking the  
15 item relating to section 2023 and inserting the following:

“2023. Referral and counseling services: veterans at risk of homelessness who  
are transitioning from certain institutions.”.

16 **SEC. 703. AVAILABILITY OF GRANT FUNDS TO SERVICE**  
17 **CENTERS FOR PERSONNEL.**

18 Section 2011 is amended by adding at the end the  
19 following new subsection:

20 “(i) AVAILABILITY OF GRANT FUNDS FOR SERVICE  
21 CENTER PERSONNEL.—A grant under this section for a  
22 service center for homeless veterans may be used to pro-  
23 vide funding for staff as necessary in order for the center

1 to meet the service availability requirements of subsection  
 2 (g)(1).”.

3 **SEC. 704. PERMANENT AUTHORITY FOR DOMICILIARY**  
 4 **SERVICES FOR HOMELESS VETERANS AND**  
 5 **ENHANCEMENT OF CAPACITY OF DOMI-**  
 6 **CILIARY CARE PROGRAMS FOR FEMALE VET-**  
 7 **ERANS.**

8 Subsection (b) of section 2043 is amended to read  
 9 as follows:

10 “(b) **ENHANCEMENT OF CAPACITY OF DOMICILIARY**  
 11 **CARE PROGRAMS FOR FEMALE VETERANS.**—The Sec-  
 12 retary shall take appropriate actions to ensure that the  
 13 domiciliary care programs of the Department are ade-  
 14 quate, with respect to capacity and with respect to safety,  
 15 to meet the needs of veterans who are women.”.

16 **SEC. 705. FINANCIAL ASSISTANCE FOR SUPPORTIVE SERV-**  
 17 **ICES FOR VERY LOW-INCOME VETERAN FAMI-**  
 18 **LIES IN PERMANENT HOUSING.**

19 (a) **PURPOSE.**—The purpose of this section is to fa-  
 20 cilitate the provision of supportive services for very low-  
 21 income veteran families in permanent housing.

22 (b) **FINANCIAL ASSISTANCE.**—

23 (1) **IN GENERAL.**—Subchapter V of chapter 20  
 24 of title 38, United States Code, is amended by add-  
 25 ing at the end the following new section:

1 **“§ 2044. Financial assistance for supportive services**  
2 **for very low-income veteran families in**  
3 **permanent housing**

4 “(a) DISTRIBUTION OF FINANCIAL ASSISTANCE.—

5 (1) The Secretary shall provide financial assistance to eli-  
6 gible entities approved under this section to provide and  
7 coordinate the provision of supportive services described  
8 in subsection (b) for very low-income veteran families oc-  
9 cupying permanent housing.

10 “(2) Financial assistance under this section shall con-  
11 sist of grants for each such family for which an approved  
12 eligible entity is providing or coordinating the provision  
13 of supportive services.

14 “(3)(A) The Secretary shall provide such grants to  
15 each eligible entity that is providing or coordinating the  
16 provision of supportive services.

17 “(B) The Secretary is authorized to establish inter-  
18 vals of payment for the administration of such grants and  
19 establish a maximum amount to be awarded, in accord-  
20 ance with the services being provided and their duration.

21 “(4) In providing financial assistance under para-  
22 graph (1), the Secretary shall give preference to entities  
23 providing or coordinating the provision of supportive serv-  
24 ices for very low-income veteran families who are  
25 transitioning from homelessness to permanent housing.



1       “(5) The Secretary shall ensure that, to the extent  
2 practicable, financial assistance under this subsection is  
3 equitably distributed across geographic regions, including  
4 rural communities and tribal lands.

5       “(6) Each entity receiving financial assistance under  
6 this section to provide supportive services to a very low-  
7 income veteran family shall notify that family that such  
8 services are being paid for, in whole or in part, by the  
9 Department.

10       “(7) The Secretary may require entities receiving fi-  
11 nancial assistance under this section to submit a report  
12 to the Secretary that describes the projects carried out  
13 with such financial assistance.

14       “(b) SUPPORTIVE SERVICES.—The supportive serv-  
15 ices referred to in subsection (a) are the following:

16               “(1) Services provided by an eligible entity or  
17 a subcontractor of an eligible entity that address the  
18 needs of very low-income veteran families occupying  
19 permanent housing, including—

20                       “(A) outreach services;

21                       “(B) case management services;

22                       “(C) assistance in obtaining any benefits  
23 from the Department which the veteran may be  
24 eligible to receive, including, but not limited to,  
25 vocational and rehabilitation counseling, em-

1           employment and training service, educational as-  
2           sistance, and health care services; and

3           “(D) assistance in obtaining and coordi-  
4           nating the provision of other public benefits  
5           provided in federal, State, or local agencies, or  
6           any organization defined in subsection (f), in-  
7           cluding—

8                   “(i) health care services (including ob-  
9                   taining health insurance);

10                   “(ii) daily living services;

11                   “(iii) personal financial planning;

12                   “(iv) transportation services;

13                   “(v) income support services;

14                   “(vi) fiduciary and representative  
15                   payee services;

16                   “(vii) legal services to assist the vet-  
17                   eran family with issues that interfere with  
18                   the family’s ability to obtain or retain  
19                   housing or supportive services;

20                   “(viii) child care;

21                   “(ix) housing counseling; and

22                   “(x) other services necessary for  
23                   maintaining independent living.

24           “(2) Services described in paragraph (1) that  
25           are delivered to very low-income veteran families

1       who are homeless and who are scheduled to become  
2       residents of permanent housing within 90 days  
3       pending the location or development of housing suit-  
4       able for permanent housing.

5           “(3) Services described in paragraph (1) for  
6       very low-income veteran families who have volun-  
7       tarily chosen to seek other housing after a period of  
8       tenancy in permanent housing, that are provided, for  
9       a period of 90 days after such families exit perma-  
10      nent housing or until such families commence re-  
11      ceipt of other housing services adequate to meet  
12      their current needs, but only to the extent that serv-  
13      ices under this paragraph are designed to support  
14      such families in their choice to transition into hous-  
15      ing that is responsive to their individual needs and  
16      preferences.

17      “(c) APPLICATION FOR FINANCIAL ASSISTANCE.—

18      (1) An eligible entity seeking financial assistance under  
19      subsection (a) shall submit to the Secretary an application  
20      therefor in such form, in such manner, and containing  
21      such commitments and information as the Secretary deter-  
22      mines to be necessary to carry out this section.

23      “(2) Each application submitted by an eligible entity  
24      under paragraph (1) shall contain—

1           “(A) a description of the supportive services  
2           proposed to be provided by the eligible entity and  
3           the identified needs for those services;

4           “(B) a description of the types of very low-in-  
5           come veteran families proposed to be provided such  
6           services;

7           “(C) an estimate of the number of very low-in-  
8           come veteran families proposed to be provided such  
9           services;

10          “(D) evidence of the experience of the eligible  
11          entity in providing supportive services to very low-in-  
12          come veteran families; and

13          “(E) a description of the managerial capacity of  
14          the eligible entity—

15               “(i) to coordinate the provision of sup-  
16               portive services with the provision of permanent  
17               housing by the eligible entity or by other orga-  
18               nizations;

19               “(ii) to assess continuously the needs of  
20               very low-income veteran families for supportive  
21               services;

22               “(iii) to coordinate the provision of sup-  
23               portive services with the services of the Depart-  
24               ment;

1           “(iv) to tailor supportive services to the  
2           needs of very low-income veteran families; and

3           “(v) to seek continuously new sources of  
4           assistance to ensure the long-term provision of  
5           supportive services to very low-income veteran  
6           families.

7           “(3) The Secretary shall establish criteria for the se-  
8           lection of eligible entities to be provided financial assist-  
9           ance under this section.

10          “(d) TECHNICAL ASSISTANCE.—(1) The Secretary  
11          shall provide training and technical assistance to partici-  
12          pating eligible entities regarding the planning, develop-  
13          ment, and provision of supportive services to very low-in-  
14          come veteran families occupying permanent housing,  
15          through the Technical Assistance grants program in sec-  
16          tion 2064 of this title.

17          “(2) The Secretary may provide the training de-  
18          scribed in paragraph (1) directly or through grants or con-  
19          tracts with appropriate public or nonprofit private entities.

20          “(e) FUNDING.—(1) From amounts appropriated to  
21          the Department for Medical Services, there shall be avail-  
22          able to carry out subsection (a), (b), and (c) amounts as  
23          follows:

24                  “(A) \$15,000,000 for fiscal year 2009.

25                  “(B) \$20,000,000 for fiscal year 2010.

1           “(C) \$25,000,000 for fiscal year 2011.

2           “(2) Not more than \$750,000 may be available under  
3 paragraph (1) in any fiscal year to provide technical as-  
4 sistance under subsection (d).

5           “(3) There is authorized to be appropriated  
6 \$1,000,000 for each of the fiscal year 2008 through 2010  
7 to carry out the provisions of subsection (d).

8           “(f) DEFINITIONS.—In this section:

9           “(1) The term ‘consumer cooperative’ has the  
10 meaning given such term in section 202 of the  
11 Housing Act of 1959 (12 U.S.C. 1701q).

12           “(2) The term ‘eligible entity’ means—

13                   “(A) a private nonprofit organization; or

14                   “(B) a consumer cooperative.

15           “(3) The term ‘homeless’ has the meaning  
16 given that term in section 103 of the McKinney-  
17 Vento Homeless Assistance Act (42 U.S.C. 11302).

18           “(4) The term ‘permanent housing’ means com-  
19 munity-based housing without a designated length of  
20 stay.

21           “(5) The term ‘private nonprofit organization’  
22 means any of the following:

23                   “(A) Any incorporated private institution  
24 or foundation—

1 “(i) no part of the net earnings of  
2 which inures to the benefit of any member,  
3 founder, contributor, or individual;

4 “(ii) which has a governing board that  
5 is responsible for the operation of the sup-  
6 portive services provided under this sec-  
7 tion; and

8 “(iii) which is approved by the Sec-  
9 retary as to financial responsibility.

10 “(B) A for-profit limited partnership, the  
11 sole general partner of which is an organization  
12 meeting the requirements of clauses (i), (ii),  
13 and (iii) of subparagraph (A).

14 “(C) A corporation wholly owned and con-  
15 trolled by an organization meeting the require-  
16 ments of clauses (i), (ii), and (iii) of subpara-  
17 graph (A).

18 “(D) A tribally designated housing entity  
19 (as defined in section 4 of the Native American  
20 Housing Assistance and Self-Determination Act  
21 of 1996 (25 U.S.C. 4103)).

22 “(6)(A) Subject to subparagraphs (B) and (C),  
23 the term ‘very low-income veteran family’ means a  
24 veteran family whose income does not exceed 50 per-  
25 cent of the median income for an area specified by

1 the Secretary for purposes of this section, as deter-  
 2 mined by the Secretary in accordance with this para-  
 3 graph.

4 “(B) The Secretary shall make appropriate ad-  
 5 justments to the income requirement under subpara-  
 6 graph (A) based on family size.

7 “(C) The Secretary may establish an income  
 8 ceiling higher or lower than 50 percent of the me-  
 9 dian income for an area if the Secretary determines  
 10 that such variations are necessary because the area  
 11 has unusually high or low construction costs, fair  
 12 market rents (as determined under section 8 of the  
 13 United States Housing Act of 1937 (42 U.S.C.  
 14 1437f)), or family incomes.

15 “(7) The term ‘veteran family’ includes a vet-  
 16 eran who is a single person and a family in which  
 17 the head of household or the spouse of the head of  
 18 household is a veteran.”.

19 (2) CLERICAL AMENDMENT.—The table of sec-  
 20 tions at the beginning of chapter 20 of such title is  
 21 amended by inserting after the item relating to sec-  
 22 tion 2043 the following new item:

“2044. Financial assistance for supportive services for very low-income veteran  
 families in permanent housing.”.

23 (c) STUDY OF EFFECTIVENESS OF PERMANENT  
 24 HOUSING PROGRAM.—



1           (1) IN GENERAL.—For fiscal years 2009 and  
2           2010, the Secretary shall conduct a study of the ef-  
3           fectiveness of the permanent housing program under  
4           section 2044 of title 38, United States Code, as  
5           added by subsection (b), in meeting the needs of  
6           very low-income veteran families, as that term is de-  
7           fined in that section.

8           (2) COMPARISON.—In the study required by  
9           paragraph (1), the Secretary shall compare the re-  
10          sults of the program referred to in that subsection  
11          with other programs of the Department of Veterans  
12          Affairs dedicated to the delivery of housing and serv-  
13          ices to veterans.

14          (3) CRITERIA.—In making the comparison re-  
15          quired in paragraph (2), the Secretary shall examine  
16          the following:

17                (A) The satisfaction of veterans targeted  
18                by the programs described in paragraph (2).

19                (B) The health status of such veterans.

20                (C) The housing provided such veterans  
21                under such programs.

22                (D) The degree to which such veterans are  
23                encouraged to productive activity by such pro-  
24                grams.

1           (4) REPORT.—Not later than March 31, 2011,  
2           the Secretary shall submit to the Committee on Vet-  
3           erans' Affairs of the Senate and the Committee on  
4           Veterans' Affairs of the House of Representatives a  
5           report on the results of the study required by para-  
6           graph (1).

Passed the Senate June 3, 2008.

Attest:

*Secretary.*



110TH CONGRESS  
2D SESSION

# S. 2162

## AN ACT

To improve the treatment and services provided by the Department of Veterans Affairs to veterans with post-traumatic stress disorder and substance use disorders, and for other purposes.